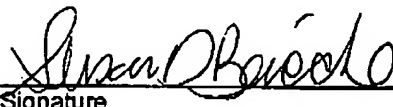
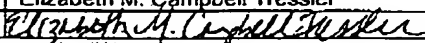
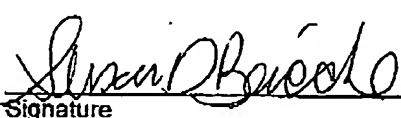
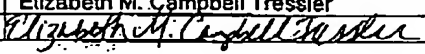


|   |                                  |                      |                                    |  |        |  |        |
|---|----------------------------------|----------------------|------------------------------------|--|--------|--|--------|
| <b>TRANSMITTAL FORM</b>   |                                  | Application Number   |                                    | 10/088,123   |        | <b>RECEIVED<br/>CENTRAL FAX CENTER<br/>MAR 18 2005</b> |        |
|   |                                  | Filing Date          |                                    | March 14, 2002   |        |  |        |
|   |                                  | First Named Inventor |                                    | Andrea Casini  |        |  |        |
|   |                                  | Art Unit             |                                    | 2687   |        |  |        |
|   |                                  | Examiner Name        |                                    | Un C Cho   |        |  |        |
| Total Number of Pages in This Submission  |                                  | 18                   |                                    | Attorney Docket Number   |        | 018765-9001  |        |
| <b>ENCLOSURES (check all that apply)</b>  |                                  |                      |                                    | <b>PETITION FOR EXTENSION OF TIME</b>  |        |  |        |
| <input checked="" type="checkbox"/> Amendment/Reply (13 pages) <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Before Final<br/> <input type="checkbox"/> After Final<br/> <input type="checkbox"/> Affidavits/Declarations         </div> <input type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input type="checkbox"/> PTO-1449 Form(s)<br/> <input type="checkbox"/> Cited References         </div> <input type="checkbox"/> Certified Copy of Priority Document<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other: Duplicate of this Transmittal (1 page) |                                  |                      |                                    | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27.<br/> <input checked="" type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$110.00 (37 CFR 1.17(a)(1)-(5). (in duplicate; 1 page each)<br/> <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.         </div> |        |  |        |
| <b>CLAIMS FEES</b>  |                                  |                      |                                    |  |        |  |        |
| <input checked="" type="checkbox"/> No additional claim fee is required.  |                                  |                      |                                    |  |        |  |        |
|   |                                  |                      |                                    | Small Entity   |        | Large Entity   |        |
|   | Claims Remaining After Amendment |                      | Highest Number Previously Paid For | Extra Claims Present   | Rate   | Addit. Claim Fee                                       | Rate   |
| Total   | 19                               | -                    | 20                                 | =0   | x 25=  | \$   | x 50=  |
| Independent   | 2                                | -                    | 4                                  | =0   | x 100= | \$   | x 200= |
| <input type="checkbox"/> First Presentation of Multiple Claim   |                                  |                      |                                    |  | + 145= | \$   | + 290= |
| <b>FEES</b>   |                                  |                      |                                    |  |        |  |        |
| <input type="checkbox"/> Additional Claim Fee   |                                  |                      |                                    |  |        | \$0.00   |        |
| <input checked="" type="checkbox"/> Extension fee for one-month   |                                  |                      |                                    |  |        | \$110.00   |        |
| <input type="checkbox"/> Information Disclosure Statement   |                                  |                      |                                    |  |        | \$0.00   |        |
| <input type="checkbox"/> Surcharge for Missing Parts - Declaration  |                                  |                      |                                    |  |        | \$0.00   |        |
| <input type="checkbox"/> Terminal Disclaimer  |                                  |                      |                                    |  |        | \$0.00   |        |
| <b>TOTAL FEES</b>   |                                  |                      |                                    |  |        | <b>\$110.00</b>  |        |
| <b>PAYMENT OF FEES</b>  |                                  |                      |                                    |  |        |  |        |
| <input type="checkbox"/> A check in the amount of \$ is enclosed.   |                                  |                      |                                    |  |        |  |        |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.   |                                  |                      |                                    |  |        |  |        |
| <input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$110.00. <u>A duplicate of this sheet is attached.</u>  |                                  |                      |                                    |  |        |  |        |
| <b>SIGNATURE OF ATTORNEY</b>  |                                  |                      |                                    |  |        |  |        |
| Susan D. Reinecke, Reg. No. 40,198<br>MICHAEL BEST & FRIEDRICH, LLP<br>401 North Michigan Avenue<br>Suite 1900<br>Chicago, Illinois 60611<br>Telephone: (312) 222-0800<br>Facsimile: (312) 222-0818   |                                  |                      |                                    | <div style="text-align: center;"> <br/>         Signature       </div> <div style="text-align: center;">         Date: 3/18/05       </div>  |        |  |        |
| <b>CERTIFICATE OF TRANSMISSION/MAILING</b>  |                                  |                      |                                    |  |        |  |        |
| I hereby certify that this correspondence is:   |                                  |                      |                                    |  |        |  |        |
| <input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9308.  |                                  |                      |                                    |  |        |  |        |
| <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below  |                                  |                      |                                    |  |        |  |        |
| Typed or printed name   |                                  |                      |                                    | Elizabeth M. Campbell Tressler   |        |  |        |
| Signature   |                                  |                      |                                    |   |        |  |        |
|   |                                  |                      |                                    | Date: 3/18/2005  |        |  |        |

|   |                                  |                      |  |  |             |                  |        |
|---|----------------------------------|----------------------|--|--|-------------|------------------|--------|
| <b>TRANSMITTAL FORM</b>   |                                  | Application Number   |  | 10/088,123   |             |                  |        |
|   |                                  | Filing Date          |  | March 14, 2002   |             |                  |        |
|   |                                  | First Named Inventor |  | Andrea Casini  |             |                  |        |
|   |                                  | Art Unit             |  | 2687   |             |                  |        |
|   |                                  | Examiner Name        |  | Un C Cho   |             |                  |        |
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| <input checked="" type="checkbox"/> Amendment/Reply (13 pages) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Before Final</li> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/Declarations</li> </ul> <input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <li><input type="checkbox"/> PTO-1449 Form(s)</li> <li><input type="checkbox"/> Cited References</li> </ul> <input type="checkbox"/> Certified Copy of Priority Document<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other: Duplicate of this Transmittal (1 page) |                                  |                      | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br><br><input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27.<br><input checked="" type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$110.00 (37 CFR 1.17(a)(1)-(5). (in duplicate; 1 page each)<br><input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely. |  |             |                  |        |
| <b>CLAIMS FEES</b>  |                                  |                      |  |  |             |                  |        |
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| <b>FEES</b>   |                                  |                      |  |  |             |                  |        |
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| <input type="checkbox"/> Terminal Disclaimer  |                                  |                      |  |  |             | \$0.00           |        |
| <b>TOTAL FEES</b>   |                                  |                      |  |  |             | <b>\$110.00</b>  |        |
| <b>PAYMENT OF FEES</b>  |                                  |                      |  |  |             |                  |        |
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| Susan D. Reinecke, Reg. No. 40,198<br>MICHAEL BEST & FRIEDRICH, LLP<br>401 North Michigan Avenue<br>Suite 1900<br>Chicago, Illinois 60611<br>Telephone: (312) 222-0800<br>Facsimile: (312) 222-0818   |                                  |                      |  | <br>Signature<br>Date: 3/18/05 |             |                  |        |
| <b>CERTIFICATE OF TRANSMISSION/MAILING</b>  |                                  |                      |  |  |             |                  |        |
| I hereby certify that this correspondence is:   |                                  |                      |  |  |             |                  |        |
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| Typed or printed name   |                                  |                      |  | Elizabeth M. Campbell Tressler   |             |                  |        |
| Signature   |                                  |                      |  |                                 |             |                  |        |
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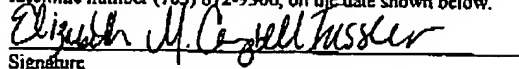
In re Patent Application of:  
Andrea Casini

Application No.: 10/088,123

Filed: March 14, 2002

Art Unit: 2687

Examiner: Un C Cho

Title: "COMMUNICATION NETWORK,  
IN PARTICULAR FOR TELEPHONY"I, Elizabeth M. Campbell Tressler, hereby certify that this  
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facsimile number (703) 872-9306, on the date shown below.

Signature

3/18/2005

Date of Signature

REQUEST FOR EXTENSION OF TIMEVia Facsimile Transmission (703) 872-9306  
Commissioner for Patents

Sir:

In connection with the above-referenced patent application, a one-month extension of time extending the date for response to the Office Action mailed on November 18, 2004 until March 18, 2005 is hereby requested.

The Director is hereby authorized to charge Deposit Account No. 50-1965 in the amount of \$110.00 to cover the cost of this request.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. A duplicate of this sheet is enclosed.

Respectfully submitted,

Susan D. Reinecke  
Reg. No. 40,198Michael Best & Friedrich LLP  
401 North Michigan Avenue, Suite 1900  
Chicago, IL 60611  
(312) 222-0800

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Andrea Casini

Application No.: 10/088,123

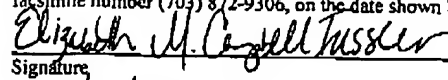
Filed: March 14, 2002

Art Unit: 2687

Examiner: Un C Cho

Title: "COMMUNICATION NETWORK,  
IN PARTICULAR FOR TELEPHONY"

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Signature

3/18/2005  
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